

Nebraska Health and Human Services System

**APPLICATION FOR FUNDS
UPON THE FINALIZATION OF THE ADOPTION OF A WARD OF THE STATE**

For Adoptions Finalized Between January 1, 2000 and November 15, 2002

Note: LB482 and LB 22, signed by Governor Johanns state, "For adoptions decreed on or after January 1, 2000 and on or before November 15, 2002, every individual or couple that adopts a ward of the State of Nebraska shall be entitled to a payment of one thousand dollars for the year of adoption and for up to four succeeding years."

Complete a separate application for each eligible child.

PLEASE PRINT:

Name of Adoptive Parent: _____ Social Security #: _____

Name of Adoptive Parent: _____ Social Security #: _____

Address of Adoptive Parent(s): _____

Mailing address if different: _____

Name of Child before adoption: _____

Name of Child after adoption: _____

Child's Social Security Number: _____

Date of Child's Birth: _____

Date of Adoption Finalization: _____

I hereby certify that this child:

_____ a. Was not emancipated (child moved from your home and is living on his/her own) at any time during the year for which this application was made.

_____ b. Lived in the home of the adoptive parent(s) for the entire calendar year or since the adoption was finalized and through the end of the calendar year for which this application is made.

Signature of Adoptive Parent

Signature of Adoptive Parent

Date _____

Date _____

RETURN TO: Rebecca Hansen, HHS Protection and Safety Division

P.O. Box 95044, Lincoln, NE 68509-5044

Return this form ONLY during the month of January. Forms sent in December or after January 31st will not be process for payment.

For HHS Use Only:

Date Application Received: _____

_____ Payment Approved _____ Payment Denied and Reason: _____

_____ Date of Approval _____ Date of Denial

Approval Signature: _____

ACCOUNTING CODE: 26870005.599100